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Atty. Dkt. No. 017227-0190

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Debbie DRANE et al.
Title: VACCINE COMPOSITIONS
Appl. No.: 10/622,470
Filing Date: 07/21/2003
Examiner: Bao Q. Li
Art Unit: 1648
Confirmation Number: 4517

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	57	-	57	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$370.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$460.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,050.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:			\$120.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$120.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:			\$0.00
<input checked="" type="checkbox"/>	Information Disclosure Statement:	1	180.00
TOTAL FEE:			300.00

A credit card payment form in the amount of \$300.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 3, 2007

By Courtenay C. Brinckerhoff

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